LOBBVING SUPPLEMENTAL REGISTRATION FORM Lobbylst's Registration Number To be used for changes to registrations and terminations. FOR OFFICE USE ONL Instructions Print in ink or type. Complete form and return to Board of Ethics, \$40) United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations. 1. NAME 913-853-5572 2. BUSINESS PHONE 3. BUSINESSADDRESS MAILING ADDRESS 5. EMPLOYER'S ADDRESS Have you ceased or terminated all lobbying activities requiring registration? Yes 1. No_ 7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating: (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. Lucop

Business or purpose

New Representation

If No, who pays you?

Does this person pay you?_____

Terminated Representation as of 113001

SUPPLEMENTAL REGISTRATION FORM

BOT Lobbyist's Registration Number

2.	Narne
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
3.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.) has been deliberately omitted.

Signature of Lobbyist

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